SENDER: COMPLETE THIS SECTION—TFM  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  D. Is delivery address different from item 1?  Yes if YES, enter cellivary address below:  No  Alabama Gas Corporation C/o J. David Woodruff  605 Richard Arrington, Jr. Blvd, North  Birmingham, AL 35203  D. Service Type  Cottified Mail  Express Mail Registered  Return Receipt for Merchandise  Insured Mail  Co.D.  4. Restricted Delivery? (Extra Fee)	1
(Transfer from service 7005 1820 0000 2994 5822 PS Form 3811, February 2004 Domestic Return Parising Page 1882	
Domestic Return Receipt	
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